

INFORMATION PAPER

PEDA
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SUBJECT: Army Substance Abuse Program Guidance for Deployed Commanders

1. Purpose. To provide deployed unit commanders with guidance regarding accessing Army Substance Abuse Program (ASAP) services.

2. Facts.

a. Positive Urinalysis.

(1) Occurring Prior to Deployment.

(a) If a Soldier's positive urinalysis for opiates, amphetamines and/or barbiturates is received from the forensic laboratory prior to deployment, refer the Soldier to the Medical Review Officer (MRO) for determination of licit/illicit use. (All other drug positives are considered illicit use without requiring MRO review.)

(b) Refer the Soldier to the Army Substance Abuse Program for a clinical evaluation. (A Soldier with a positive determined to be licit use will not require a clinical evaluation.)

(c) Process administrative separation action and initiate disciplinary procedures, as deemed appropriate.

(2) Occurring In Theater.

(a) If the Soldier's positive urinalysis requires MRO review, refer the Soldier to the MRO for determination of licit/illicit use. If the MRO is unknown, contact the Division Surgeon for guidance.

(b) Initiate administrative/disciplinary procedures, as deemed appropriate, based on the information available. Previous substance abuse incidents and past and current behaviors, as well as any other relevant information about the Soldier, should be considered. Appropriate actions may include a company or field grade Article 15, court martial, and/or misconduct administrative discharge. Contact the Division Office of the Staff Judge Advocate for guidance. Should a determination be made that the individual is an immediate threat to self or others, separation action should be initiated and the individual redeployed to the rear detachment commander at his/her home station.

(c) Army Substance Abuse Program evaluation and counseling services are not available in theater. Most divisions have a psychiatrist in the division medical

company and a psychologist or social worker at the brigade level. To augment maneuver brigades without a behavioral health team, mobile teams from combat stress control units are strategically located throughout the theater. Their mission is to provide stress control prevention support to units and to assess Soldiers presenting with combat stress signs and symptoms, provide crisis intervention, and return to duty. They can evaluate Soldiers with drug problems to assess duty potential. Contact the Division Behavioral Health Officer or the Division Surgeon for the location of the nearest team should the Soldier present with drug problems or with combat stress-related signs and symptoms, such as an inability to track thoughts, recurrent visits to the troop medical clinical without findings, severe depression, and recurrent outbursts of anger.

b. Alcohol-related Incident.

(1) Occurring Prior to Deployment.

(a) Refer the Soldier to the Army Substance Abuse Program for a clinical evaluation.

(b) If the incident is the second such alcohol-related behavior within a year, process the Soldier for administrative separation.

(c) Initiate disciplinary action, as deemed appropriate.

(2) Occurring in Theater.

(a) Initiate administrative/disciplinary procedures, as deemed appropriate, based on the information available. Previous alcohol-related incidents and past and current behaviors, as well as any other relevant information about the Soldier, should be considered. Appropriate actions may include a company or field grade Article 15, court martial, and/or misconduct administrative discharge. If the incident is the second such alcohol-related behavior within a year, process the Soldier for administrative separation. Contact the Division Office of the Staff Judge Advocate for guidance. Should a determination be made that the individual is an immediate threat to self or others, separation action should be initiated and the individual redeployed to the rear detachment commander at his/her home station.

(b) Army Substance Abuse Program evaluation and counseling services are not available in theater. See information in paragraph 2a(2)(c) for guidance.

(c) Strongly encourage Soldiers to attend Alcohol Anonymous meetings while in Theater.

c. Risk Assessment Checklist/Risk Reduction Tip Card. During the beginning phase of Redeployment, use the Risk Assessment Checklist and the Risk Reduction Tip Card, included in the Deployment Cycle Support (DCS) Contingency Plan, Appendix 1 to

Annex A, to assess Soldiers under your command. Make plans to refer Soldiers to the appropriate agencies, upon return to your home station.

d. Post-Deployment Actions.

(1) Upon return to the home station, refer all Soldiers who have received a positive urine test or who have had an alcohol-related incident prior to or during deployment to the Army Substance Abuse Program Counseling Center for resumption of treatment or for an initial clinical evaluation, whichever is appropriate.

(2) Implement any actions deferred while in theater, such as MRO review and administrative/disciplinary actions.

(3) Contact the Army Substance Abuse Program's Risk Reduction Coordinator to schedule the Redeployment Unit Risk Inventory.

3. Conclusions.

a. If at all possible, deal with positive urinalyses and alcohol-related incidents prior to deployment. For those incidents that occur in deployment, take appropriate actions, if feasible. In post-deployment, follow-through with deferred actions.

b. Schedule the Redeployment Unit Risk Inventory during the first 90 days post-redeployment.

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